THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, JANUARY 21, 1846. No. 25.

ON THE USE OF SEDATIVES IN ACUTE MANIA.

From Clinical Lectures by John Conolly, M.D., Physician to the Hanwell Lunatic Asylum.

If I can rely upon my own recollection and notes of the numerous cases in this asylum, and in private practice, when I have taken every precaution to avoid error, I should say that the application of sedative medicines to recent cases of mania is of very limited usefulness. In the more chronic forms of the malady their efficacy is greater; and in many cases both of chronic mania and melancholia they are of the utmost service.

It seems to be in cases in which the pulse is soft and weak, the skin of moderate warmth, and the whole bodily condition of the patient languid, that sedatives are chiefly useful, by allaying nervous irritability.

As regards the medicine to be selected, in such cases, I have also to confess my inability to perceive he nice differences in the effects of the various and numerous preparations of opium of which I read, and which entitle any one of them to a constant preference. In ordinary practice we find their effects continually modified by idiosyncracy; and this is equally or still more the case in mental or nervous disorders. With some patients laudanum acts with certainty, and like a charm; others derive comfort for long periods from the acetate of morphia; to some the liquor opii sedativus is alone tolerable; and so of the rest, for their continually increasing number testifies the frequent disappointment incidental to the use of those which went before. In acute mania, I give the preference to the preparations of hyoscyamus, and the ordinary dose of the tincture —the form in which we most commonly give this medicine—should be two drachms; or of the extract eight or ten grains. Indeed, whatever sedative is employed, the dose should be large. Less than a grain of the acetate of morphia is productive of no good effect whatever; and laudanum requires to be given in doses of a drachm, or at least of forty or fifty drops. I am speaking of acute cases, for in those of longer continuance use often makes much larger doses necessary. Whatever sedative is given, it is prudent, if the head is at all hot, to apply cold to the head by means of small napkins wrung out of cold water, or a double cap of thin materials, kept wet.

The Indian hemp, which has been lately introduced into English practice, seems to be a valuable addition to our means of controlling vehement vervous disorders. I believe there is very little of the genuine In-

dian hemp now in Europe, but if our observation of its effects in this asylum is not altgether erroneous, it must become an important article of commerce. Few practitioners are less disposed than myself to trust in the alleged powers of new medicines, or more difficult to convince of the actual effects of many of those of older reputation; but after some careful trials of the tincture of hemp, I feel justified in speaking well of it. It is chiefly useful, I think, in chronic cases, in which my own opinion of its good effects is strongly confirmed by the numerous trials made of it on the male side of the asylum by Dr. Begley; and on the female side by Dr. Nesbitt, and more recently by Dr. Hitchman, who, however, has observed that its effects are uncertain, and that when it does not produce sleep it causes pains and twitchings in the limbs. This is exemplified in M. A. P——, in the female ward, No. 10; and it suggests caution in the employment of the remedy. I have known the tincture of hemp useful, although less generally, in acute cases. In one, where the symptoms closely resembled those of delirium tremens, all the unfavorable characters of the disorder disappeared in two or three days, during which the patient took ten drops of the tincture every four hours, and no other medicine. In this, as in some chronic cases, it seemed greatly to increase or to restore the desire for food. You have noticed an active young man in the airing court of the refractory ward, walking quickly about with a kind of military air; he is convalescent from acute mania; too much mental exertion, too much care, and, taken for relief of this, too much opium, disordered his brain and interrupted his pursuits, which were those of a man of education. A difficulty existed in the way of giving him sedatives, in consequence of a vow he had made never more to take any of them. He knew the taste and smell of opium and henbane too well to be deceived into swallowing any; yet his irritable state seemed particularly to require some sedative appliance beyond leeches, aperients and the shower-bath. He was unacquainted with the taste and properties of the hemp, and it was given to him, in the form of extract, with such marked advantage that we consider his present favorable condition in a great measure to be ascribed to its use; and we now entertain no doubt of his entire recovery. In J. B——, a young Scotchman, not long maniacal, the medicine seemed to be equally beneficial. The dose of the extract given has been from one to two grains.

A drachm and a half, and sometimes two drachms, of the tincture have frequently been given in chronic cases of recurrent mania, and although generally with good effects, sometimes without any effect whatever. The tincture employed has been procured from the Apothecaries' Hall. Some tincture prepared from English hemp entirely disappointed us. The warm sun and warm soil of a tropical climate seem to be required for the development of the medicinal properties of the plant.

In those distressing cases, mentioned in a former lecture—in which mania comes on with symptoms of fever, and the patient is excessively feeble and yet extremely restless and violent at the same time, the tongue being coated and brown, and scarcely any food being taken—all sedatives seem to me to be useless, or worse than useless; and in every case

of acute mania it is important to avoid giving sedatives for a long time, or in frequently-repeated doses, as they either obscure the symptoms or modify without amending the patient's condition. In private practice I have met with cases in which patients had been kept more or less under the influence of the acetate of morphia for many months; and certainly with no good effect. Their repetition in increased doses, where they disappoint the first trials of the practitioner, may be followed by very distressing consequences; by wilder excitement, and rapidly increasing debility. To all the preparations of opium the general objection exists of their producing constipation, an objection to which the hyoscyamus is not liable, or the tincture of hemp. I do not pretend to mention everything in this short course; and it is unnecessary to occupy your time by separately discussing the merits of sedatives of minor power, as the belladonna, camphor, the tincture of hop, &c. Upon the whole, the most useful observation which I can make to you concerning the employment of sedatives in acute mania is, that their actual effects, immediate and remote, yet deserve attentive clinical study, and that the diligent observation of many intelligent medical men, resident among the insane, can alone elucidate the interesting question of their precise value.

If their administration in acute mania is as unsatisfactory as my remarks intimate, it becomes the more incumbent upon the practitioner to consider what tranquil influences, not included in the materia medica, he can bring to bear on the patient. Exercise in the open air is one of the best; and there are not many cases, in which, during some part of the day, it may not be permitted. If the patient can be trusted, he may be allowed to walk in an airing court for an hour, when no other patients are out; and if an attendant is required, or even if two attendants are necessary, he should be accompanied by them; and the exercise and air will help to cure his distempered brain. If the last walk is taken a little while before the patient goes to bed, still greater advantage may be obtained by it. The next remedial influence is that of a mind rendered quiet by the absence of everything that can disturb it; opposition, contradiction, reproof, all must be avoided: gentleness, patience, forbearance, must be perpetually exercised. These attentions assuage the irritability and unutterable anguish of many minds. Nor must ordinary methods of procuring mental relief by physical comforts be despised. A supper of pleasant food, and a glass of home-brewed beer, or porter, or Scotch ale, are sometimes productive of a better night than "poppy or mandragoro, or all the drowsy syrups of the world." Their effect is often so much better than that of other sedatives, that it seems reasonable to ascribe it in some degree to the mental, and in some degree to the physical, satisfaction which it gives to the patient. A few days ago, I found a maniacal lady—who had very recently become insane, and was placed in a private asylum—struggling with the assembled servants, trying to run away, to undress herself, and to throw her clothes and the moveable furniture into the fire. There was no heat of the head, or whiteness of the tongue; the face was pale, and the pulse feeble. The only sedative at hand was laudanum, of which forty drops were given to her, and the dose was re-

peated in a few hours, with a great increase of violence. The next evening the patient helped herself to a large glass of excellent beer, intended for somebody else, and she had a tranquil night. After that the beer was given every night, and no other sedative; and the patient slept well, and improved rapidly.

In several cases at Hanwell, I have observed the good effects of some supper and beer, even in the chronic cases: and some remarkable instances of violently maniacal patients being tranquillized by Scotch ale given at bed-time, fully confirming the remarks long ago made in Mr. Tuke's work on the York Retreat, and which remarks have, doubtless, led to the mitigation of the lot of many a restless lunatic. Every body knows the occasional relief obtained, in states of exhaustion and irritability, by taking one or two glasses of wine; and there are patients whose paroxysms of mania are even relieved by what are ordinarily considered stimulants. The mind is, doubtless, somewhat acted upon in these cases by a sense of being indulged and confided in.

We observe in a great number of recent cases of mania that the patient is tolerably quiet all day, but restless and noisy all night. A few are maniacal in the day time, and yet at night sleep well. Some have an alternate noisy and quiet day. What the precise condition of the brain is in this recurrent state of agitation we cannot say, or easily imagine, for the ordinary symptoms really give us no information about it; the head and surface being often cool, the tongue clean, and the pulse tranquil. It has long been known, by those conversant with the habits of the insane, that many of them during these paroxysms of excitement have an aversion to lying down, and manifest a sort of instinctive avoidance of the horizontal position. If sedatives do not relieve this, and sleep is still denied to them, it is in vain to combat the mere results; and worse than vain to deprive the sufferer of the poor comfort of getting out of bed and walking about. The unquiet nights are a part of his malady, which for a time resists all our efforts; and the sleep obtained at intervals during the day is all that the state of the brain permits. Yet the general practice has been to fasten such patients to the bed. In our wooden bedsteads I have pointed out to you the places where rings or buckles were formerly fixed, at the foot, at the head, and at the sides; to these, straps were easily fixed, for the purpose I have mentioned, but the straps and the rings have disappeared. It was evident that such bondage did violence to an instinctive feeling which a physician ought to respect; and it was probable that it accumulated some additional and peculiar distress on the patient, which was only avoided when the recumbent position was refrained from. It was opposed, also, to the commonest experience of us all. There are few sufferings of the insane which have not transiently visited almost every sensitive mind; and on these visitations salutary sympathy has a part of its foundation in every breast. The temporary infliction of a state of the brain and nervous system which forbids sleep, is of all these the most common; and common sense and experience have taught us all how it is best relieved; to the insane alone, where this restless state is more aggravated, we deny the relief. Who

among you does not know, that in a long and restless night the best refreshment is obtained by getting out of a hot bed, and drinking cold water, and looking at the tranquil sky; or by reading a book, or by writing some of the thoughts which have kept us waking; or by walking about in a cool room until both mind and body become less irritable, and we can lie down in a state which permits the blessing of sleep to fall upon us. Ask yourselves, then, for what reason, or on what principle, the poor, fretted, heated, irritable maniac, who tosses about in his narrow crib, and cannot close his eyes, and whose active thoughts torture him, and who, therefore, gets up, and walks to and fro in his cell, should be forced back again, and tied down by strap or chain in a bed from which all refreshing slumber is driven, and all peaceful and composing associations? The patient's state is made worse by what he feels to be an injury and outrage; and it was by patients, thus fastened, that the cries and howlings, yet remembered by those who used to pass the walls of the ancient Bedlam, are described as having made night hideous. The patient can scarcely use his limbs, and he therefore shouts or sings with all his might; and he vents the bitterest execrations on all who come near him; for he feels that they come as tormentors, not as friends. All these symptoms, the creations of restraint, are adduced as apologies for its application and reasons for its continuance; and all good feeling between the patient and the attendants, and the patient and his physician, are at an end; if he recovers, it is not the result of treatment, but a happy and a rare escape.—*London Lancet.*

THE PROPER APPLICATION OF STIMULANTS IN INFLAMMATION.

[Communicated for the Boston Medical and Surgical Journal.]

The subject of inflammation has been the theme of many an essay, and called forth the opinion of many who have differed more or less both in regard to its nature and treatment. This diversity of opinion among medical men on a subject so important as the one under consideration, is a serious evil. It dampens the zeal of the student, and weakens the energy of the *young* (if not some of the *old*) in practice. Is it necessary that the evil should continue? Cannot the character of inflammation be so fully understood as that there need be no difference of opinion concerning it? If not, then may we despair of adopting any remedial means for its cure, which shall be generally acceptable. I am one of a class who believe in simplicity of diseased action, and consequently a simple yet efficient mode of adapting means for its correction. We have long been taught to believe that in inflammation there was *increased* vascular action, and consequently the measures recommended as necessary for its relief were supposed to be depletory or reducing. More recently, however, a new idea has been advanced concerning its theory, that is, that *diminished* vascular action is an important fact in its character. I am a believer in this latter opinion in all its length and breadth. It is quite clear to my mind that in all varieties of inflammation, *diminished* action

in the vascular system prevails. Although this fact has not been recognized in its theory, yet in the practice almost universally adopted the principle is established. Bloodletting, either *general* or *local*, is practised in many cases on the principle of reducing the supposed increased action. The result of the practice is good, though the reasons for it are founded in error. On the principle of diminished vascular action, the same benefit results from the practice, while the reasons for it are the *reverse*, that is, by diminishing the quantity of fluid in the over-distended capillaries and removing the *vis a tergo*, we enable them to recover their tone and thus render the remedy an indirect stimulant. We must recognize two classes of stimulants—the *direct* and the *indirect*—or, as some call them, sedatives. Contraction is the principal action of the bloodvessels, and, in the state of congestion or over-distension which exists almost uniformly in inflammation, this power is weakened. I think it an important and useful maxim that "diseases are cured by specific stimuli"—and the superior usefulness of one physician over another consists in his being better able to adapt the appropriate stimulant to any given disease. By this you will perceive that I hold to the doctrine that most (if not all) of our curative agents act either in one or the other of these classes of stimulants. Hence, by stimulant I mean any agent which increases the vigor and harmony of action throughout the system.

Many of the remedies classed as antiphlogistics act upon the principle of indirect stimulation. In many cases of external local inflammation, *direct* stimulants prove our most valuable resort. Chilblain (a very common disease at this season) is cured by the daily use of free bathing with *clear cold* proof spirit, followed by the use of ungt. citrini, as well as by any means with which I am acquainted. In ophthalmia, if the inflammation is increased action in the capillaries, why apply nit. argent., acet. plumbi, sulph. zinci, &c.? These surely are direct stimulants; and if the disease consists in increase of action, how is natural and healthy action ever to be established through their agency? In erysipelas we give emetics and tonics, and apply local stimulants. This surely is inconsistent if the essence of inflammation is increased action.

Now if it be true that specific or particular stimulants are our best remedies for *external* inflammation, why may not the same principle be found good in reference to *internal* inflammation? I know the greater difficulty of acquiring a precise knowledge of internal over that of external disease; but when known, is it not treated most successfully by the use of the particular appropriate stimulant?

Sanguinaria, as recommended in tracheitis by Dr. Allen, in a recent No. of the Journal, has in my own experience proved useful, and is, I believe, an appropriate specific stimulant in this disease. Deuto-chlorid. hydrarg., with infusion of seneka, is used successfully in the practice of one of my acquaintances. In pleurisy, venesection diminishes the *vis a tergo* by reducing the action of the heart, while antimony, nitre and ipecacuanha act as stimulants to the congestive capillaries, and thus aid in establishing healthy action. Reducing the action of the heart, which is the antagonist of the capillaries, by bleeding, stimulates them *indirectly*;

and the use of the appropriate stimuli *directly*, enables them to recover their tone. The principle for which we contend holds good when applied in the treatment of inflammation in all the various textures of the body, and consequently I need not cite particular cases.

The rule by which we are to be governed is to apply the remedy which is known to possess the property, either directly or indirectly, of stimulating the capillaries of the particular texture involved. By this I hope to be distinctly understood as opposed to an *indiscriminate* use of stimulants. This is the great cause, I think, of the opposition that exists to this class of remedies. By diligent inquiry into the peculiar action of each given agent, we shall find the appropriate texture and function to which it is applicable, and thus most surely and satisfactorily aid in the removal of disease.

L. Woodruff.

New Britain, Ct., Dec. 31, 1845.

CASE OF ANOMALOUS INSTRUMENTAL DELIVERY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have just finished the perusal of the extracts from Dr. Bedford's Introductory, contained in your Journal of the 7th inst., and am horrified by the case of embryotomy detailed by him. I am also painfully reminded of a case of ruptured uterus from turning, which once fell under my own observation, but which I refrain from giving, lest the community, the *idiotai*, into whose hands it might fall, should more vociferously exclaim, "*Procul.*"

I wish to state a case of *instrumental labor*, managed by myself, not of the murderous or savage character of that detailed by Dr. Bedford; and of its necessity each may judge. It may prove a counterpoise to the horrifying influences of that case; and show that it is not always the *Doctor* who errs.

Near five years ago I was called out several miles, in haste, to visit a woman in labor. On my arrival I found her lying drenched in blood, pale and languid, and in a vessel under the bed there was not less than three to four pints of blood, which had passed from her during a single effort to make water. I was told that it was a miscarriage—that she was *four months along*. On examination, the blood was still pouring from the vagina, the os uteri sufficiently dilated, and encircling a portion of placenta, partly expelled.

Her situation seemed to require prompt action. I was unable to grasp the placenta with my fingers, and had with me no blunt hook. On a former similar occasion I had succeeded well with an umbrella brace bent into a hook, which luckily came to view in my extremity, but in this case one could not be found. *Necessity* led me on, and I whittled a small stick smoothly, some six or eight inches long, with some notches in one side near the end. I then introduced it carefully, between a couple of fingers, into the vagina, and placing the notched surface against the placenta on one side, I held it firmly with one hand, while with a

finger of the other hand, placed on the opposite side of the placenta, I was enabled to make pressure sufficient to extract it, and it came away entire. The flooding directly ceased, and the woman got up sooner than could have been anticipated.

The placenta, on coming away, was small, and no fœtus could be found. I expressed to the woman my opinion that she was mistaken in her calculations, and that she was not more than six weeks advanced. She, however, could with difficulty be persuaded, as, she said, she had "quickened."

Several weeks afterwards, being in the neighborhood, I understood that the lady gossips said that "the doctor had missed his guess that time," and that "the shingle plan of delivering babies was not always sure." It was, in a word, stated that my patient was still *enceinte*. The report, of course, moved me, and I called on the lady to ascertain its foundation. She was considerably enlarged, having the appearance, externally, of being six months along (I think had cessation of menses); and was *positive* that she was still in the family way. I expressed to her my absolute belief that she was mistaken in regard to her condition, that her increased size was dropsical, and that the motions which she still continued to feel was the movement of flatus. She persisted, with some warmth, that she ought to know, for she had had one child, and she knew the difference between wind and kicks. Soon after this interview, she removed to a distance, taking somewhat circuitously the line of steamboat and railroad, that she might *lose nothing* by the journey. After the time of *her reckoning* had passed, I dropped a line to her husband, being quite desirous to know the sequel of the affair. In return he informed me that my opinion had proved correct, and that by a well-directed course of medicine his wife had been cured of dropsy, and was then in the enjoyment of good health.

A. CHAPIN.

E. Abington, January 8, 1846.

THE USE OF INSTRUMENTS IN DIFFICULT LABORS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If not every subscriber to your useful weekly, surely every parturient woman who shall fall into their hands, should be grateful for the extract, contained in a late No. of the Journal, from the introductory lecture of Dr. Bedford—particularly for that portion which relates to that most reprehensible practice of resorting to instruments in cases of labor. Time was, when the reputation of the surgeon increased in an exact ratio with the number and severity of the operations he performed. Happily for the honor of the profession and the good of mankind, at the present day his reputation depends more upon the *cures* performed than the mutilations he can effect. Why, then, does the reverse of this state of things exist in obstetrical practice? How does it happen, while the country practitioner "travels on, in the even tenor of his way," and delivers his hundreds, and in many instances his thousands, unaided by the use of

instruments, that in city practice these *agents of evil* are so frequently resorted to? So constant, indeed, is their use in the practice of many, that one would almost be induced to censure the Author of our existence, for not having appended a pair of forceps to every female form, to be ready for sudden emergencies.

It has seemed to me, that, could the statistical facts, in possession of the numerous individual subscribers to the Journal, pointed to by the following interrogatories, be collected, and a synopsis laid before the public, it would afford a mass of information highly useful to practitioners of the obstetric art. Hence I forward them, subject to your own decision, whether to publish them or not.

1. What proportion of cases of midwifery, that have fallen within your practice, have required instrumental aid; and of those, what have been delivered by the forceps?

2. Have any cases occurred, and if so, what proportion, where you have used the forceps, which upon further reflection you think would have succeeded by the unaided efforts of nature?

3. By which cause have you witnessed the most frequent injuries to the soft parts of the mother, the use of instruments or the too long retention of the head of the child?

4. Have you ever seen a ruptured uterus from the use of ergot; and, finally, how far do you think the use of this drug can supersede the application of the forceps? Respectfully, W. W. Comstock.

Jan. 12th, 1846.

CASE OF SUDDENLY-FORMED ENORMOUS TUMOR ON THE NECK.

[The following remarkable case is related by Eugene Palmer, M.D., of the Parish of St. James, La., in a letter to Prof. Jackson, of Pennsylvania, and is published in the last No. of the American Journal of Medical Sciences.]

On the 14th of April, 1845, I was called in great haste to the convent of the Sacred Heart (where I attend between two hundred and three hundred inmates). On being ushered into the Infirmary for the nuns, I saw an old lady extended on a couch, surrounded by the priest, the lady superior and several nuns, with her shoulders elevated and her head reclining backwards; her countenance anxious and pallid; and respiration apparently hurried. She had an enormous tumor over the region of the thyroid gland, extending out in front of the trachea more prominently than I have ever seen in true goitre. The lady superior of the convent, Madame Galway, told me in regard to this tumor, that it rose up instantaneously, while the patient was in the act of conversing with, and standing directly in front of her; that she broke off in the middle of a remark by the cry of "Oh! mother, I am suffocating!" and pointed to her neck, when the superior observed the above-named tumor rise up on her neck, in the space of less than a minute. There was no evidence of physical

or mental excitement; the patient is between 50 and 60; remarkable for a calm and bland disposition, for uninterrupted tranquillity of mind, and is devoting the remainder of her life to the instruction of orphan children sent to the institution. She was born at Savoy in France, where I believe goitre is not an uncommon disease. She stated that there was a partial enlargement of the thyroid gland long ago, and that she had been treated in Europe with the burnt sponge. She was under my treatment two years ago for a severe intermittent fever, when the gland was so small as not to have attracted observation, and continued in the same state up to the 14th of April last, when, it seems to me, that the blood was thrown suddenly and with great force into the parenchyma of that gland; but by what means, except by rupture of one of the thyroid arteries, remains to me (in the absence of any parallel case) an entire mystery! The tumor was at first tense and elevated; the patient complained of constant pain about the ears and back of the head, for the sterno-mastoid muscles were forced outwardly and put violently on the stretch by the pressure of the tumor. On the 2d day its base began to spread laterally; it became more soft; and in a few days more began spontaneously to diminish, and has now the appearance of a very inconsiderable goitre. The vertical circumference of the tumor was 3½ inches; the lateral circumference, from one edge of the base of the tumor to that of its opposite edge, 5 inches 1 line.

HOG'S LARD SUCCESSFULLY USED IN OBSTRUCTION OF THE BOWELS.

[Dr. E. B. Hook, of Jefferson Co., Georgia, gives the following case in the Southern Medical and Surgical Journal. As the difficulty in cases of obstruction of the bowels is so often considered irremediable, any well-authenticated case, presenting a successful result of treatment, is worthy of particular attention.]

My attention was particularly called to a communication of Dr. J. A. Mays, of South Carolina, published in the June No. of this Journal, on obstinate obstruction of the bowels—a disease that startles us by its frequency, and shocks us by its fatality. It has been my unenviable lot to have had several such cases under my care, and to have seen others in connection with other physicians: with one or two exceptions, they all proved fatal.

After much reflection upon this painful subject, founded upon recorded cases, and those which had come under my own observation, I had fully determined to treat the next case I should have, at least after a moderate trial of the usual means, with injections, the mildest aperients, the warm bath, &c. I was convinced that drastic purgatives, used to a great extent, would produce intense inflammation of the stomach and bowels, and therefore should be used with great caution. Having formed this resolution, but not being very confident of the success of this palliative treatment, it gave me much pleasure to meet with and read the communication above referred to. My previous reflections tended to commend Dr. Mays's plan

to my adoption. To fill the bowels in these cases with a mild unirritating oil could do no injury; and might operate advantageously from the aperient quality of the oil, and from its mechanical force in lubricating and distending the intestine. These very probable effects of the proposed plan, in connection with the peristaltic action of the bowels, promised as fairly, as anything known to me, to overcome the obstruction, and I resolved to try it on the first suitable occasion. It was not long before one occurred.

On the 11th of September, as I was passing Mr. J. A. Parker's place, his man Sam hailed me, to say that he had a chill in the morning which lasted two hours, and that ever since (now half past 5 o'clock, P. M.) he had high fever. He had had no operation from the bowels for four days. I prescribed 20 grains sub. m. hydg. and a dose of castor oil for the next morning.

On the 12th, I found him with considerable fever, tongue coated with thick white fur and disposed to become dry. I learned that he had vomited very freely two hours after taking the submuriate; and again this morning after taking the oil; but neither had produced any operation from the bowels. Having ordered the oil to be repeated as soon as the stomach should be composed, I left him to visit other patients. When I returned at dark he had very high fever, and complained of great pain in the right iliac region, much aggravated on pressure. I bled him, and left him ten grains more of the sub. mur. hydg. to be taken as before. The stomach had not been sufficiently composed for the oil, and it had not been given. A bag of scalded bran was also ordered to be kept to the iliac region.

13th.—No operation from the bowels; considerable fever; pulse small and rather tense; no perceptible diminution of the pain in the iliac region. I did not think it advisable to bleed him again, as the former bleeding nearly prostrated him, without the least apparent benefit. In the course of six hours he had now taken three large doses of oil and one of salts, administered by his owner during my absence. When I saw him again in the evening there was no alteration, except for the worse. I advised injections to be used freely through the night and left him.

14th, Thursday, the symptoms were, as far as a change was perceptible, dry tongue; retching, but vomiting up nothing; pulse considerably weaker than at any previous period. I now gave one and a half drops croton oil, to be assisted by injections—this was repeated after waiting three hours—injections given frequently. These having also failed, the stomach tube was introduced into the colon, and some five or six injections given in this way; and although the tube was several times introduced its entire length, the fluid would pass back after the lapse of ten, fifteen and twenty minutes, *without color or smell.*

He had now taken thirty grains of the submuriate, about a half pint of castor oil, one large dose of salts, three drops of croton oil, assisted by twenty or thirty injections, including those by the stomach tube, had been kept in the warm bath until the approach of syncope, and had been bled nearly to the same effect, without the least appearance of relief. I de-

termined to try the hog's lard, as a last resort. I had wished to give it a fair trial, and therefore it was necessary to try the usual remedies first. I now had one quart melted, and succeeded in getting him to swallow one half of it—the balance was injected into the bowels. After the lapse of three hours, one and a half drops more of croton oil was given. After taking it he laid very still for an hour and a half, a complete picture of despair, in constant anticipation of death. At this time, his whole countenance lighting up as if by magic, he suddenly exclaimed, "It has broken loose." On being asked what had broken loose, he put his hand on the right iliac region. In less than ten minutes afterwards, he was lifted up and had a small but very fœtid operation. The bowels now soon began to act freely, the lard passing off in variable quantities with each of the first six or eight stools. He was under treatment a few days longer, without interruption of his convalescence, and was discharged fully cured.

I ascribe this cure to the lard, although the responsibility we feel on these occasions did not allow me to trust wholly to it.

THE PRINCIPLE OF LIFE.

From an Introductory Lecture by Prof. Pancoast, of Jefferson Medical College.

LIFE—how incomprehensible a subject it would seem, did we look at it in any other way than through the organs by which it is manifested. How different the degrees in which it displays itself in the various organs of which the body is composed—between the insensitive bones and cartilages, and the delicate nerves, upon which a single rude touch sends an agonizing vibration to the inmost recesses of the frame. He who would form a proper philosophical idea of the nature of life in all its bearings in reference to his own frame, should begin his investigations with the humblest thing that lives, where life forms the simplest problem, and trace it up in its different developments in the scale of animals. How variously animated is the scene which nature spreads before our view in her myriads of living beings. Among them what endless variety of form, what diversity of endowment. We find them where the complicated structure of man would not allow him to dwell—in the clefts of the rocks, in the depths of the waters, in the obscurities of the woods, and in the mansions of the air; yet each being, with its round of wants and enjoyments, as completely fitted to the sphere in which it moves as man. If we start from the zero point of the scale, where the being is but little more than a living sponge, we find animal rising over animal in regular progression, with organ after organ superadded, endowing them with the power of locomotion, and with instincts and senses for self-preservation—till, finally, in that perfection of creation, the human form, are found summed up all the parts which had been parcelled out in the gradation of animals, with an intellect crowning them all, capable of mounting over the confines of the earth, and guiding and controlling the whole. Yet all of these, from the insect millions that people the air, to the eagle and the condor—from the animals that dwell in the cells of the coral and the sponge, to the

huge leviathan of the deep, and from the humblest creeping insect up to man, all require a supply of nourishment from without, grow old and die, and exist only under the influence of a common principle, which we call life. We know that the chemical constituents of which they are all composed, as oxygen, hydrogen, nitrogen and carbon, are the same as those which constitute the lifeless masses of the earth. What, then, is this mighty talisman, this principle called life, at whose inspiring touch the crude elements of nature start into combination and take on the form and actions of living things? Is its nature within the grasp of human reason?

Do we not find many subjects manifestly less subtle than this to force upon us a conviction of the finiteness of our capacities? What do we know, for instance, of the essence or source of magnetism or electricity? In our first attempts to analyze these subjects, we may seem to comprehend them; but when we pursue the analysis further, the finest intellect becomes bewildered, and at length the road of investigation is fairly closed, as though an impenetrable curtain was dropped before it. Yet the knowledge of them that we do possess, is adequate to all our wants. Magnetism we have converted into a guide to lead us over the trackless bosom of the ocean. Electricity, subservient to our wishes, is made to light up at command, the lamp at our bedside. So in regard to thepr inciple of life, that ethereal essence which gives action to the heart and sensation to the brain, we can know nothing in the abstract. But we may, as the ultimate point to which we can trace life, consider it with a distinguished German philosopher as a breathing of the divinity, a power conferred by the Supreme Architect of all upon the particles of which every living body is composed, and in their due degree and proportions. In the expressive language of Scripture, "God formed man of the dust of the ground, and breathed into his nostrils the breath of life, and he became a living soul."

FRAGMENT OF A KNIFE BLADE IN THE BODY NINE YEARS.

By P. C. Gaillard, M.D.

Mr. C. was stabbed with a knife in *December*, 1835, about the middle of the *left clavicle*. He says that he was struck from without inwards, and slightly downwards and backwards. The wound was a severe one, and confined him two weeks to his room; a numbness and difficulty of movement in the left arm were felt for two months after the wound healed. No inconvenience has been experienced from it since. About six months ago, he felt a dull pain under the sternum.

On the 20th of January, 1845, he came to me for advice about a pain immediately below the *right* clavicle, near the sternum. This commenced eight or ten days previously, and felt as if something sharp was sticking him under the skin. The latter had ulcerated, and there was a fistulous opening in it, discharging pus. On examination, I felt a moveable triangular sharp body, seemingly about an inch and a half long, imme-

diately below the clavicle, and apparently attached at or near the sterno-clavicular articulation, feeling like a piece of bone split off from the lower part of the clavicle, projecting forwards, its point about an inch from the sterno-clavicular articulation, and apparently held on at its base by some of the ligaments of the latter. The probe penetrated easily an inch and a half through the opening in the skin, and encountered a hard grating body. There was a considerable scar over the inferior portion of the anterior surface of the *left clavicle*.

The case was seen with me by Drs. Wragg and DeSaussure, whose impressions coincided with my own. We heard nothing of the knife, with which the patient had been stabbed, having been broken, nor was he at all conscious of such an occurrence. On the 22d January, 1845, in presence of Drs. W. and DeS., I cut down upon the body, and found it was a part of a knife blade, pointing obliquely anteriorly, and to the right from under the sternum. I seized it with a forceps, and drew it out without difficulty. It measured 1 inch and 11 lines in length, and 7 lines in width at its base. On its faces were several spots of clotted blood and a little rust. The point was very sharp, the edge (which is single) keen and cutting. It was broken off about the middle of the slit for opening the blade.

There was no hemorrhage or other accident from the operation; the wound healed rapidly, and so little inconvenience was caused by it, that the patient returned to his ordinary business, as serjeant of the City Guard, after the second day, and is now quite well.

Remarks.—From the direction of the stab and the length of the fragment, it is probable that the point of the blade, at the time it was broken, rested on the superior part of the second rib, its back against the clavicle. The fragment must have been at some distance from the external wound, or it would have been discovered by the surgeon who attended the patient at the time the injury was received, and it must at first have laid at no great depth under the skin. In its subsequent course, it followed the direction of its point, propelled by the movements of the chest and lungs, and in all probability pressed close against the internal face of the sternum. To make its way out at the place where it was found, it must have passed through the cartilage of the first rib, very near its point of junction with the sternum. Altogether, the case is remarkable, as well for the length of time which so large a foreign body remained in the system without causing any uneasiness, as for the important parts near which it must have passed without injury to them.—*Southern Journal of Medicine and Pharmacy.*

Surgery.—Do not identify surgery with the knife; with blood and dashing elegance. Distrust surgical intrepidity and boldness.....Surgery is not operative surgery. Its province is to save, and not to destroy; and an operation is an avowal of its own inadequacy.—*Dr. H. J. Bigelow's Address.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 21, 1846.

Dr. Pancoast's Introductory Lecture.—Dr. Pancoast, of the Jefferson Medical College, Philadelphia, who has sustained the chair of Anatomy with brilliant and increasing success for some years, delivered the customary introductory lecture, the present season, and was solicited by a committee of thirty-one students, representing twenty-three States, the District of Columbia, Ireland, France, Porto Rico and Burmah, to allow it to be published. He consented, and our readers will be gratified by the perusal of a brief extract from it in a preceding page. After speaking of the brain as an anatomist should, and of the difficulty of fathoming the profound subject of neurology, which our mesmeric, or rather neurological friend, Dr. Buchanan, of Kentucky, conceives that he has made as clear as star-light, Dr. Pancoast thus admirably approaches a high department, which, in effect, he honestly acknowledges is wholly beyond the reach of his anatomy, learned as he is in the cordage of the human frame.

"But after all, in this examination of the dead, how little can we actually discover of the springs and sources of life, or rather of that vital principle which puts them all in motion. If we examine the brain, even within a few hours after death, whilst its physical constitution remains precisely the same as during life, what is it to us but a mass of albumen —beautifully modelled, it is true, into many and complex parts—but after all a mass of albumen, quickly falling into putrefaction. Where has gone that intellectual fire, that moral energy, that seemed but recently under the control of the body which is now stretched inanimately before you. Where those seeming inherent powers possessed by the seething brain, acting even in our sleep, and at times, weaving webs in which many characters may play their dramatic parts, at others conjuring up the most delightful harmonies, as it were for its own enjoyment, being itself at the same time composer, artist and audience. This transitory connection of the mind with the frame is a subject beyond human ken. We could form no conception of it but for the lights vouchsafed to us by revelation; and we must, here, without wandering into idle speculation, leave the subject in the hands of those holy men who teach us of its appearance on another stage, and, both by precept and example, "point to brighter worlds and lead the way."

"'Such is the destiny of all on earth;
So flourishes and fades majestic man.
* * * * * * *
Shall Spring to these sad scenes no more return;
Is yonder wave the sun's eternal bed?
* * * * * *
Shall we be left abandoned in the dust,
When Fate relenting lets the flower revive?
Shall nature's voice, to man alone unjust,
Bid him, though doomed to perish, hope to live?

Is it for this fair virtue oft must strive
With disappointment, penury and pain?
No! Heaven's immortal spring shall yet arrive,
And man's majestic beauty bloom again.'"

Diseases of the Liver.—With the new year, Messrs. Lea & Blanchard have brought out one of those sterling works on medicine which it refreshes one to examine. It is a sound, practical guide in every-day practice, and opportune, from the circumstance that it does not interfere with any recent publication. Those only, who have felt how difficult it is to decide, or rather determine with certainty upon the true condition of the liver, under some indications of the system, can appreciate a treatise like this. George Budd, M.D., a professor of Medicine in King's College, London, exhibits, in the pages before us, peculiar fitness for the labor he imposed upon himself. He was eight years in accumulating the materials of which the volume is composed. Three years of the time he was a visiting physician of the Seaman's Hospital, where the subjects of diseased livers greatly abound.

Sad havoc is made with the poor liver, the world over; first by vices, and secondly by the abominable inroads made upon health through the ready instrumentality of quacks. Perhaps there are more mistakes made in regard to the actual condition of this organ of the human body than any other, and a misapplication of remedies often follows, injurious to the whole machinery. Many doses have doubtless been prescribed for a liver that never required prescriptions. Such a book as this, therefore, is calculated to direct the young physician with much certainty in whatever is necessary for him to be apprised of, in giving either an opinion or a dose of medicine. The chapters of the book are as follows. I. congestion of the liver; II., on its inflammations and diseases; III., diseases resulting from faulty nutrition or faulty secretion; IV., diseases resulting from some growth foreign to the natural structure; and V., jaundice. The subdivisions of these chapters are numerous, so that nothing has escaped the critical notice of the diligent author. Some of the drawings are colored—and all of them are just what is wanted to illustrate the text, and to identify diseased parts on the subject. Messrs. Ticknor & Co. have copies on sale.

Hooper's Examinations.—A third edition of the well-known manual of Robert Hooper, M.D., has come from the press of Messrs. J. & H. C. Langley, New York, as neat as one could desire. The title page says it has been enlarged and revised, which certainly might have been done, years ago, to good advantage, in the old editions. These examinations are in anatomy, physiology, medicine, surgery, chemistry, materia medica and pharmacy. It is a complete compendium of all these sciences, in the fewest words, and therefore just adapted to the student's pocket, in his daily studies. Ticknor & Co., Washington street, have the new edition.

American Phrenological Journal.—Mr. Fowler has just entered upon the eighth volume of this periodical, with buoyant hopes, a vigorous intellect and a ready pen. Not many years since, phrenology held a prominent place amongst the leading topics of the day. It was the parlor conversation, the tea-table talk, and the subject of very learned disquisitions. With the death of the illustrious Spurzheim, the science, for such it is, was gradually allowed to rest—till its warm advocates and admirers are as scarce as true philosophers. Through all the varying phases of popular

phrenology, the Messrs. Fowlers, of New York, have been consistent advocates of this department of useful knowledge. Phrenology is the science of mind, which is not content with a simple anatomical demonstration of the brain, according to books; but attempts an explanation of the moral nature of man, and shows, by a rigid analysis of the powers of the intellect, the propensities of individuals, and by the past history of the race, that its study is worthy the considerate attention of all. But it is principally to place the Phrenological Journal before our professional readers, that these observations are introduced. There may be a thousand things in it that they might not like, but there is much that would delight, amuse and instruct them. Phrenology necessarily embraces a large field, and hence all the aids and appendages of the sciences in general are resorted to by way of illustration, argument or proofs. This specimen number is well stored and properly arranged. Under the head of *Signs of Character*, many wise sayings and doings are recognized. The developments and character of John C. Neal, author of Charcoal Sketches, are singularly curious. "Physiology and phrenology of the Choctaws" is also full of interest. We wish the editor excellent success in the circulation of his work.

Littell's Living Age.—Those of the sober brotherhood of medicine, who have a taste for the choice flowers of general literature, could not find a richer entertainment for unoccupied hours, than this popular weekly periodical. No. 86 presented a captivating variety of articles, many of which had a bearing upon medicine. Medical gentlemen cannot always bend themselves down to the profound researches of the fathers of physic: the mind requires relaxation, and the stimulus of variety too. Again, to live and know nothing of the current literature of the day, betokens an indifference to passing events, and the advances of a high degree of civilization. The Living Age embodies all that could be asked in that way, in an economical form.

Hearing through the Mouth.—A correspondent, residing at St. Charles, Missouri, writes, under date of Dec. 30th, that a widow lady at Danville, six miles from his residence, has two deaf and dumb children. "About three months ago," he continues, "one of them, on waking from sleep, ran to its mother, who took it up and kissed it—and while their lips were in contact, the mother spoke aloud." The child put on the look of surprise and delight, and she therefore again spoke in the mouth of the child, who repeated the word. "The operation has been many times repeated, and the little one has learned many words by hearing them through its mouth." "Is this," he asks, "a singular circumstance? Can it be accounted for by supposing there is an occlusion of the external auditory passage—and that the sound passed through the Eustachian tube?"

Ohio Lunatic Asylum.—From the last Annual Report we learn that the number of patients in the Asylum at the close of last year was 146; 79 males and 67 females. Number admitted the present year, 150; 86 males and 64 females. Average number in the Asylum for the present year, 158. Whole number under care during the present year, 296.

Number discharged the present year, 72: recovered, 44; incurable, 11; died, 17. Number of recent cases discharged the present year, 41: recovered, 39; incurable, 0; died, 2. Number of old cases discharged the present year, 31: recovered, 5; incurable, 11; died, 15. Per cent. of recoveries on recent cases discharged the present year, 95.12. Per cent. of recoveries on old cases discharged the present year, 16.13. Per cent. of recoveries on the whole number discharged this year, 61.11.

Number of incurables discharged by Directors this year, 7. Per cent. of deaths the present year 10.75.

Mortality of Boston in 1845.—From the General Abstract of the Bill of Mortality for the City of Boston, just published from the Records kept at the Health Office, it appears that the whole number of deaths during the last year was 2585, being 344 more than during the year previous. Of this number there were, stillborn, 245; under 1 year, 481 deaths; under 5 years, 1096; and over 60 years, 278. These numbers vary somewhat from the totals of the weekly report published in this Journal, which has been faithfully made up from the copy furnished us from the Health Office. The difference, however, is in no instance great. The whole number of deaths from consumption, as above, was 426; in our report, 422. Scarlet fever is given as the cause of death in 152 cases; lung fever, 135; typhus fever, 97; smallpox, 31; delirium tremens, only 4. Taking the population of Boston to be 114,000, the above report shows the mortality of the city during the last year to have been 1 in 44.10, or 2.26 per cent.

Epidemic Smallpox in Philadelphia.—We have never known smallpox to be so prevalent throughout the country as at the present time. Cities, towns and villages, everywhere, are infested with it to a great extent; and what is remarkable, the epidemic seems to be as mild as it is prevalent. The great majority of cases occur in persons who have undergone a degree of protection by having previously had the disease or been vaccinated, and in such, as usual, it is greatly modified—the attack consisting of more or less pain in the head and back, some nausea, fever for a day or two at the commencement, with a very sparse eruption, and *no secondary fever.* Such cases require very little treatment, recover in from three to five or six days after the first appearance of the eruption, and are followed by no disfiguration. When the disease attacks those who have not previously been vaccinated successfully, or have not had the variolous disease, it runs the ordinary course of unmitigated smallpox; in some instances being discrete, and in others confluent, according to the constitution and treatment of the patient. In Philadelphia, where the disease has been quite prevalent for more than a month past, we have heard of no instance in which it has proved fatal where the subject was known to have been successfully vaccinated, and the deaths that have occurred, as far as have come to our knowledge, have been confined to such as had never been vaccinated, or in whom the proper vaccine mark had disappeared, if it had ever existed. It is a subject of astonishment and regret, that in an enlightened community like that in which we live, so much laxity and obstinacy should prevail in regard to the necessity of vaccination. In repeated instances, since the present epidemic has appeared, we have had occasion to vaccinate two or three

persons in one family, mostly children or servants, who had until the time been neglected. How can it be expected that we shall be exempt for any long time from a disease so communicable, while such carelessness and stupidity prevails? A large proportion of the unprotected cases that occur in Philadelphia, are in persons who have come hither from remote or surrounding places, and it would seem that an equal degree of the carelessness to which we have referred prevails all over the country. Even in the Eastern States, among a people so proverbial for their prudence, the same heedlessness prevails. According to the testimony of our brother of the Boston Medical and Surgical Journal, this would seem to be especially the case in the State of Maine.—*Medical Examiner.*

Medical Society of the District of Columbia.—At the Annual Meeting of this Society, held at the City Hospital, January 5th, the following gentlemen were elected officers for the present year:—F. May, M. D., President. A. McWilliams, M.D., James C. Hall, M.D., Vice Presidents. Thomas Miller, M.D., Corresponding Secretary. Joseph Borrows, M.D., Recording Secretary. William Jones, M.D., Treasurer. F. Howard, M.D., Librarian. H. Lindsly, M.D., N. Young, M.D., J. M. Thomas, M.D., J. F. May, M.D., William P. Johnston, M.D., Board of Examiners.

Medical Miscellany.—Dr. A. Sydney Doane, of New York, has been elected President of the Boston and New York Telegraph Company.—Smallpox has a strong foothold in the towns of Rutland and Rodman, in Western New York.—Dr. Trowbridge, of Watertown, has written an admirable paper upon the security of vaccination, which is published in the Jeffersonian, but legitimately belongs to a Medical Journal.—Dr. H. G. Fish has been appointed postmaster at Stone Mills, N. Y.—Whole number of deaths in York, Me., in 1845, 51; births, 77. In Exeter, N. H., 50 deaths, population 3,200, being 1 to 64. In Concord, N. H., the Capital of the State, 97, being 1 to 58 of the population.—Mention is made of a girl in Leominster, Mass., 12 years old, who weighs 300 pounds.—The mortality of Heath, Mass., in 1845, was only 18.—The quantity of rain and melted snow at Amherst College, in 1845, was 58.5 inches.—In the Blind Institution of Ohio, are 104 pupils.—The number of students attending medical lectures in Boston, the present season, is 159.—Some experiments, we understand, have been made with the so-called Brocchieri styptic, both in this city and New York, which fully confirm the correctness of the views expressed in last week's Journal respecting the worthlessness of this nostrum.

Married,—At Bangor, Me., Dr. Alphonzo Severance to Miss R. J. Moore.—At Brattleboro', Vt., Dr. O. Martin to Miss E. Stoddard.—At Woonsocket, R. I., Dr. A. P. King to Miss Celia A. Hendrick.

Number of deaths in Boston, for the week ending Jan. 17, 49.—Males 27, females 22. Stillborn, 6.

Of consumption, 11—smallpox, 7—burns, 1—croup, 1—gravel, 1—infantile, 2—scarlet fever, 2—teething, 2—accidental, 1—typhus fever, 1—disease of the bowels, 1—scald, 1—worms, 1—lung fever, 4—old age, 3—inflammation of the lungs, 1—convulsions, 1—slow fever, 1—dropsy, 3—dropsy of the brain, 1—sudden, 1—child-bed, 1—disease of the kidney, 1.

Under 5 years, 20—between 5 and 20 years, 5—between 20 and 60 years, 17—over 60 years, 7.

Hydrogen Gas.—In reading the history of past times no one can fail to be struck with the fact, that to men of the greatest intellectual endowments, things were credible, which, with us, even to an ordinary mind, seem so plainly fallacious as not to be worth a moment's notice. Thus, Lord Bacon had a lingering belief in the existence of fairies, and we read with astonishment that Samuel Johnson, one of the most masculine minds that England ever produced, actually believed that there was a ghost that infested a house in London. Of these phantoms of the dark ages, hydrogen, and its compounds, were among the most common; occasioning explosions in mines; holding in terror the adepts of the black art; frequenting new-made graves in the churchyards, as a lurid flame; or enticing into boggy places unhappy travellers. What a change a few years has effected! All this superstition has passed away—the great goblin of those times is caught by the cunning chemist, stopped up in bottles, weighed in balances, and found to be the lightest substance in nature and the essential basis of the water we drink. We have separated the true from the incredible, the miraculous and marvellous are all gone to their proper place. We know the exact reason of the flash which kills the miner, and have made, in the safety lamp, provision that it shall not occur. The bursting of the alchemist's alembic is better prevented by leaving a hole for the gas to get out, than by saying a prayer; and though hydrogen will explode like gunpowder under proper circumstances, it never sits hooting like an owl of a night on the tops of fences or withered trees, nor has eyes as large as a saucer.—*Dr. Draper's Introductory Lecture.*

Midwifery Statistics.—Dr. Reid gives the following summary of some of the facts which occurred in 5691 cases of delivery.

The vertex presented	in 5443			
Nates, or lower extremities	in	162	or 1 in	35
Shoulder or arm	in	29	"	196
Face	in	25	"	228
Funis	in	31	"	183
Abdomen	in	1	"	5691
Convulsions occurred	in	11	"	517
Retroversion of uterus	in	2	"	2845
Rupture of uterus	in	2	"	2845
Placental presentation	in	8	"	711
Accidental flooding before the separation of placenta	in	32	"	178
Flooding after "	in	40	"	142
The placenta required manual extraction	in	58	"	98
Patients delivered by forceps	in	31	"	183
" " craniotomy	in	22	"	259
" " version	in	28	"	203

Of 1795 infants, 886 were males, 909 were females. Twenty-four were twin cases. Ages of 1771 mothers. Under 20, 69; between 20 and 25, 622; between 25 and 30, 478; between 30 and 35, 368; between 35 and 40, 174; between 40 and 45, 54; between 45 and 50, 6.

Spontaneous double expulsion of the infant occurred in two cases (both twins.)—*Medical Gazette.*